

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90215 012 ****61.25

DOCUMENT # 727877

1. Entity Name
CROTON HARBOR CONDOMINIUM, INC.



Principal Place of Business
**301 CROTON AVE
LANTANA FL 33462
US**

Mailing Address
**C/O JOHN PORTER ACCOUNTING, INC.
400 S. FEDERAL HWY. SUITE 405
BOYNTON BEACH FL 33435
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-1673352** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

~~**JOHN PORTER ACCOUNTING, INC.
400 S FEDERAL HWY
SUITE 405
BOYNTON BEACH FL 33435**~~

7. Name and Address of New Registered Agent

Name **JOHN PORTER ACCOUNTING**

Street Address **1403 W. Boynton Beach Blvd., #9**

Boynton Beach, FL 33426

City **FL** Zip Code

Mailing address change only.

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	O'BRIEN, RITA	
STREET ADDRESS	301 CROTON AVE #305	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	D	<input type="checkbox"/> Delete
NAME	KLAITY, ELLEN	
STREET ADDRESS	301 CROTON AVE #309	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	P	<input type="checkbox"/> Delete
NAME	MC DONOUGH, MICHAEL	
STREET ADDRESS	301 CROTON AVENUE, #501	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	S	<input type="checkbox"/> Delete
NAME	HIRSCH, JANET	
STREET ADDRESS	301 CROTON AVENUE, #205	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	D	<input type="checkbox"/> Delete
NAME	FEFFER, HAROLD	
STREET ADDRESS	301 CROTON AVENUE, #408	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OLSSON, KRISTINA	
STREET ADDRESS	301 CROTON AVENUE, #504	
CITY-ST-ZIP	LANTANA FL 33462	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONOUGH, MICHAEL	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D. NANCY LYDON	
STREET ADDRESS	301 CROTON AVE #301	
CITY-ST-ZIP	LANTANA, FL 33462	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **2-12-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)